

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: Dity or Town Clerk or Election Commission		Ę	of Constitution	1/1	6/201
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Reporting Period - Beginning: 9/3/2011	Ending: 12/3	1/2011		erge in	( )
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Type of report: 30 day after election		¢	30.	عدد موسود در در د	Harry C.
	<i>/</i> 7)			S	
Barbara Isola	'an_			6.73	
Full Name of Candidate	Сол	mittee Name	Su plant	600	
Office Sought/ District	Name of Co	ommittee Treas	surer		
, Residential Address	Commi	ttee Address	**************************************		
Nebrucii Address	COmmi	ttee Addless			
SUMMARY BALANCE	: INFORMATIO	<b>V</b>			
Ending Balance from previous repo		 \$233.	70		
Total receipts this period:		\$0.			
Subtotal:		\$233.	70		
Total expenditures this period:		\$0.	00		
Ending Balance:		\$233.	70		
Total inkind contributions this	period:	\$0.	00		
Total outstanding liabilities:		\$500.			
Name of bank(s) used: Colonia:	l Federal Savings	•			
Affidavit of Committee Treasurer: I certify that I have examined this report, including attached belief, a true and complete statement of all campaign finance a	ctivity including all co	ontributions, I	oans.	receir	its.
expenditures, disbursements, inkind contributions and liabiliti finance activity of all persons acting under the authority or o requirements of MrG.L. c. 55.  Signed under the penalties of perjury:	es for this reporting pent of this committee of this committee of the committee of the committee of the commitment of th	eriod and repre see in accordan	sents ce wit	the ca th the	mpaign
Tymog direct one penalties for perjury:					
(-Title ne is that the the			1.1	/	7_
Mura fillings			-/(	0-0	<i>10/</i>
Treasurer's signature (in ink)				Date	
Affidavit of Candidate (check 1 box only) :					
I certify that I have examined this report, and attached schedultrue and complete statement of all campaign finance activity, on this committee in accordance with the requirements of M.G.L. c. any liabilities nor made any expenditures on my behalf during the	les and it is, to the be f all persons acting und 55. I have not received	der the authori	tv or	on her	alf of
Candidate without Committee OR candidate with indeper I certify that I have examined this report and attached schedule a true and complete statement of all campaign finance activity disbursements, inkind contributions and liabilities for this refinance activity of all persons acting under the authority or or requirements of M.G.L. c. 55.	endent activity filing as and it is, to the best including contributions, porting period and representations.	of my knowled loans, receip	dge an ts, ex	ıd beli pendit	ef, ures,
Signed under the nemalties of northway.					
Breek					

### Schedule A: Receipts

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date	Name and Residential Address	Amount	Occupation and Employer
Total Unit	ized Receipts emized Receipts	\$0.00 \$0.00	
Total Rece	lpts	\$0.00	

#### Schedule B: Expenditures

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
	nized Expenditures temized Expenditures enditures	\$0.00 \$0.00 \$0.00	

## Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
Total Item	ized Inkind Contributions	\$0.00	
Total Unit	emized Inkind Contributions	\$0.00	
Total Inki	nd Contributions	\$0.00	

## Schedule D: Liabilities

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as the liabilities incurred during this reporting period.

Date	To Whom Due	Amount	Purpose
7/31/2009	Isola (Loan), Barbara 34 Randlett St Quincy, MA 02170	\$500.00	Loan from candidate
Total Outst	anding Liabilities	\$500.00	